

Candidate and Political Committees'
REPORT OF RECEIPTS AND DISBURSEMENTS

RECEIVED
JAN 29 2010

Secretary of State
Capital Office
DATE STAMP

Candidate's Name Becky Currie
Full Address 407 Oliver Drive Brookhaven, MS 39601
Telephone 601-833-5953 (Fax) 601-833-5953
E-mail bcurrie@house.ms.gov
Office Sought House of Rep District 92 Political Party Republican

☐ Check here if above is different from previous report

TYPE OF REPORT

☒ January 29, 2010 Annual Report (January 1, 2009, through December 31, 2009).....All Candidates and Political Committees

☐ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) **Required to terminate reporting obligations**

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The municipal clerk must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	(itemized + non-itemized)	This Period	Calendar year-to-date
Total amount of contributions	2230.71	\$	\$ 2230.71
Total amount of disbursements	3691.60	\$	\$ 3691.60
Total amount of cash on hand		\$ 1966.51	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Becky Currie
Signature of Candidate

1-28-10
Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO:

1. Candidates for statewide, state district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P.O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee

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Reporting period

1-1-09

through

12-31-09

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan☐ Other (please specify)

Full name	Date (Mo., Day, Year)	Amount of each receipt this period
Mo. Ass. of Homecare	12/12/09	\$ 300 ⁰⁰
Mailing Address		\$
134 Fairmont St		\$
City, State, Zip Code		\$
Clinton MS 39058		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$300 ⁰⁰

B. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan☐ Other (please specify)

Full name	Date (Mo., Day, Year)	Amount of each receipt this period
AT&T	2/14/09	\$ 250 ⁰⁰
Mailing Address		\$
175 E Capital St		\$
City, State, Zip Code		\$
Jackson MS 39201		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$250 ⁰⁰

C. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan☐ Other (please specify)

Full name	Date (Mo., Day, Year)	Amount of each receipt this period
Georgia Pacific	10/12/07	\$ 250 ⁰⁰
Mailing Address		\$
		\$
City, State, Zip Code		\$
Phon. City		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$250 ⁰⁰

D. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan☐ Other (please specify)

Full name	Date (Mo., Day, Year)	Amount of each receipt this period
Walter Zenger	4/10/09	\$ 500 ⁰⁰
Mailing Address		\$
PO BOX 15437		\$
City, State, Zip Code		\$
Wilmington DE		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$500 ⁰⁰

Name of Candidate or Committee

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Reporting period

1-1-09

through

12-31-09

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Ms Consum Finance</u>		<u>1-1-</u>	\$ <u>930.71</u>
Mailing Address <u>P.O. Box 24087</u>		<u>1-1-</u>	\$
City, State, Zip Code <u>Jackson, MS 39225-4087</u>		<u>1-1-</u>	\$
Name of Employer (Required) _____		<u>1-1-</u>	\$
Occupation (Required) _____		Aggregate year-to-date	\$ <u>930.71</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name _____		<u>1-1-</u>	\$
Mailing Address _____		<u>1-1-</u>	\$
City, State, Zip Code _____		<u>1-1-</u>	\$
Name of Employer (Required) _____		<u>1-1-</u>	\$
Occupation (Required) _____		Aggregate year-to-date	\$
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name _____		<u>1-1-</u>	\$
Mailing Address _____		<u>1-1-</u>	\$
City, State, Zip Code _____		<u>1-1-</u>	\$
Name of Employer (Required) _____		<u>1-1-</u>	\$
Occupation (Required) _____		Aggregate year-to-date	\$
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name _____		<u>1-1-</u>	\$
Mailing Address _____		<u>1-1-</u>	\$
City, State, Zip Code _____		<u>1-1-</u>	\$
Name of Employer (Required) _____		<u>1-1-</u>	\$
Occupation (Required) _____		Aggregate year-to-date	\$

Name of Candidate or Committee

Bug

Reporting period

1-1-09

through

12-31-09

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<i>1/1/</i>	\$ <i>963.71</i>
City, State, Zip Code	<i>1/1/</i>	\$ <i>2150.00</i>
Purpose of Disbursement (Optional) <i>Travel</i>	Aggregate Year-to-date	\$ <i>3113.71</i>
B. Full name <i>US Post office</i>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<i>1/1/</i>	\$
City, State, Zip Code	<i>1/1/</i>	\$
Purpose of Disbursement (Optional) <i>Postage</i>	Aggregate Year-to-date	\$ <i>140.00</i>
C. Full name <i>Cellular South</i>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<i>1/1/</i>	\$
City, State, Zip Code	<i>1/1/</i>	\$
Purpose of Disbursement (Optional) <i>Cellphone</i>	Aggregate Year-to-date	\$ <i>437.89</i>
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<i>1/1/</i>	\$
City, State, Zip Code	<i>1/1/</i>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<i>1/1/</i>	\$
City, State, Zip Code	<i>1/1/</i>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<i>1/1/</i>	\$
City, State, Zip Code	<i>1/1/</i>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$